FEE DIVISION.*

By REXWALD BROWN, M. D., Santa Barbara.

It has become a practice in many communities—a practice which thrives in the dark—for certain surgeons to induce general practitioners to refer them patients for operation, the fee for the surgical care to be returned in part to the general practitioner; also for general practitioners to exact of surgeons for patients tendered to their skill a division of the operative fee in exchange for the favor shown.

This, gentlemen, is a traffic in human life—patients with ailments which only surgery can relieve are bought and sold. As the practice lacks any moral element, the sufferers who are the subjects of barter naturally become the patients of those who pay the highest commissions. As a rule these surgeons are the least skilled—thinking as they do of the financial value to themselves of an operation they neglect the niceties of surgical technic which so much concerns the future health and happiness of the patient, and even means the difference between life and death.

If all members of the medical profession should sink to this base level of commercialism, and cease to labor in the fields of altruism, heaven help the people! This is not said in antagonism to the use of business methods by physicians—rather would I insist on better business management in our dealings with patients, but let it be done in strict accord with the highest principles of sterling honor.

The physicians engaged in the fee-splitting practice have prostituted their noble calling. They look upon medicine and surgery as a purely business proposition. Consciences become seared by money grabbing, and the best interests of the patients are scarce thought of. Gentlemen, the practice is reprehensible, and has no moral justification. A laborer is worthy of his hire—the surgeon who tries to get a compensation somewhere near what his services are worth—and they are never too high, when a life is saved with resultant years of happiness to the individual and to his family—should not be compelled to give to the physician who did nothing but refer him the patient a large slice of the fee.

The physician receives something for nothing—the patient actually pays into the physician's pocket through the surgeon a compensation which is rightly the surgeon's. The physician actually collects from two parties for services rendered to neither—it is a species of graft.

The medical profession stands for the increasing of individual and racial happiness, stands for the prevention and abolishment of disease. It offers to humans weighted with illness, relief and cure consistent with modern knowledge and its application. To each member of the profession it is not given to labor with equal knowledge and skill for the alleviation of suffering. Opportunities, training and adaptabilities have not been the same.

The public has learned that the medical profession must be adequately compensated for work done in order that it may have the means to ever increase by study and research the value of the services. This is not a selfish hold-up on the part of physicians, most of whom, did they devote the same thought and energy to other pursuits that they do to medicine, would perhaps be members of the wealthy classes.

Sick people prefer to be restored to health by those who are most competent to do so, and they are usually willing to pay a compensation commensurate with their means. It holds good in the medical profession as in all other spheres in life that some men will be better qualified to handle certain medical and surgical problems than will others. That they will be better paid for handling these conditions is part of modern social arrangements—the public expects to and desires to pay for actual value received.

A person naturally seeks a physician when he is ill. So great is his faith in the general probity of medical men that the average individual goes to the doctor nearest him, unless other circumstances send him to another practitioner, and relies upon him to direct the proper treatment. He places his life and well-being in trust. Nobly has the medical world merited this trust, keenly has it been alive to the sacred responsibilities of the calling. So utterly impossible has it been for any physician to be conversant with or able to handle all the special problems of medicine and surgery, that part of the duty of each has been to refer to better qualified men the patients whose illnesses are beyond his handling properly. It is a signal and unselfish service to humanity of which the profession is proud.

Only in this wildly commercial age, wherein money has seemed to be a god, have certain members of our glorious calling seen the possibilities of financial gain to themselves through trading upon the illnesses which patients in a supreme faith bring to them for cure. Such papers as this are written merely that we may not all forget the obligations of our work, our responsibilities to humanity. It is well that our medical societies should discuss the relations among their members and our relations to society. Only in this way shall we keep before us the "Gods of our Fathers."

Undoubtedly, fee-splitting may have some of its origin in the dissatisfaction of family physicians over what seems to be gross discrepancy between the fees they receive for months of service, and the fee which a surgeon receives from the same family for a single operation. Though this discrepancy be present it does not give the general practitioner a moral claim on part of the operative fee.

Each charges for his services according to standards of his own. The questions involved are—does the surgeon ask for more than he deserves?—does the general practitioner rate his services too low? In answer it may be said that the general practitioner in his heart of hearts knows that rarely is the surgeon unjust or excessive in his fees when the service is considered—rather the practitioner undervalues his own work, and knows that he has failed to educate the public to appreciation of his services which are of equal and often of greater value to society than are the surgeon's.

* Read before the Santa Barbara County Medical Society, January 11, 1909.

Understanding this, does not the family physician demean his calling and demean himself in demanding and accepting commissions from the fee for surgical services rendered by another and justly belonging to him, when this same money—the commission—should have been his directly from the patient for the services which he has not taught the public should be rightfully paid for and for which he has not the courage to charge. Such services are for instance—1st, the making of the diagnosis, and the responsibility entailed in deciding the necessity for operation, and in selecting the right man to whom to intrust the patient's life; this service should be of great value, for the patient relies utterly on his family physician, as he himself is not competent to judge of surgical conditions and of operators—the physician must therefore be conversant with the work of surgeons, and this requires time, travel, study and money on his part that he may know; 2nd, for paving the surgeon's way with accurate data of the case and the patient's idiosyncrasies; and 3rd, for consultation after operation, etc.

Gentlemen, why should the surgeon collect for the general practitioner for these and other similar services? He is not a bill collector.

Let me state my convictions: If the public should ever come to believe that it is being deliberately sold by its family doctor in whom it reposes all confidence, to the surgeon who pays the highest commission and not to the one of greatest surgical skill and judgment, there surely will be an eruption, which will go ill with the general practitioner. He is seeking a betterment of his financial status, which is justly deserved, in an utterly inexcusable way, which will altogether defeat the desired ends.

A spirited and concerted opposition to lodge and club practice, to excessive output of poorly prepared doctors from inferior schools, and united action toward the enactment and enforcement of good medical laws which would shut out of practice much of quackery and charlatanism, can aid much in bringing the general practitioner into his own, and too, will mean increased lease on life and happiness to humanity. The family doctor has yet to learn, has yet to teach his clientele that his services should not be reckoned at so much a visit, but should be based on the broader ground of value received in staying disease processes, through a keen knowledge of the underlying pathology.

Thousands of physicians charge nothing on their books for diagnosis and for opinions relative thereto. Does the sick patient always derive more benefit from say, twenty visits at two or three dollars apiece, in which perhaps the pulse is felt and a little conversation thrown in, or from one or two visits in which complete urine, blood, stomach and other analyses are done, that a rational therapy may be instituted?

This latter type of service is the essential one to the patient, and for which he should pay—visits should be incidental. If the practitioner insists on fees commensurate with the importance of the case and the knowledge required to reach a correct diagnosis, there will be no reason for him to bleed the surgeon, who should justly have his deserts for the work he does, and which the practitioner does not do, and is not qualified to do through lack of training.

Specialism exists in medicine as in all other pursuits, and it is not to the discredit of the general practitioner that he is not proficient in surgery. However, it is much to his discredit if he exacts tribute from fees which he does not earn. The mere fact that he is in a position to refer patients entitles him to no division. In the heart of the true physician there should be a quiet joy in being able to direct a patient to the hands of him who can give the relief he himself cannot. The mission of the medical profession is unselfish service.

Now, fellow practitioners, let me ask you a question. This is not directed personally, for Santa Barbara seems relatively free of the fee-splitting fever, I am glad to say. What course do you follow, when you need surgical attention? Do you not seek the surgeon whom you know to be utterly devoted to his work, scrupulously careful of every canon of surgical principle, and so interested in the welfare of patients that no thought of financial gain can bias his judgment? Of course you do, and you travel miles to him, consistent with your means.

Why don't you refer your surgical patients then to this man, or to those like him, consistent with their means? Most of you do—this is for the few who do not. You know that the consultant or the surgeon who offers commission, or from whom you exact commission, is competing with his more honorable colleagues on a basis other than that of professional character and skill. The reputable surgeons seek practice merely on their merits.

The fee-splitting surgeon takes an unfair advantage, and perhaps gains a practice more rapidly, but you know you have not all confidence in his judgment as to what is best for a patient, for you feel his judgment becomes warped as the prospect of a lucrative fee presents. But as you are looking too for your fee your conscience sleeps with the surgeon's. You deteriorate morally, and before you realize it you have deserted your surgical friend who has given you 50% for another who will pay you 75%. What betrayal of a patient's confiding faith! —the patient who thinks his family physician is all honor. What would his action be when death perhaps confronts him, did he know his physician was using him for bait to catch the highest bidder?

Many surgeons cannot bring themselves to the point of paying commissions outright, so they stretch the point to ease their consciences. The following substitutes have their champions: Some permit the general practitioner to transact all financial arrangements with the patient, the practitioner turning over to the surgeon an amount previously agreed upon between them—many give frequent and liberal presents to their friends, while still others request the general practitioner to be assistant at the operation of the referred patient, and perhaps direct the after treatment, for which he is paid a very liberal fee.

With reference to this last practice I would say a word ere closing. The placing of a knife into a human body is a serious matter. The responsi-

bilities of a surgeon exist from the moment the anesthetic is begun until he dismisses the patient wholly safe from any injury which could arise through his own manipulations or those of assistants. Life may be jeopardized not alone by the disease for which an operation is undertaken, but by lack of anatomical knowledge, by faulty technic, by imperfect asepsis, and by ill-judged treatment of conditions which arise after an operation, incident thereto, or to be considered with reference to the surgical problem present. The surgeon takes all the risk of both immediate and final failures, and with it loss of reputation. For the acts of his assistants he is wholly responsible. Should the general practitioner then feel slighted because the surgeon who, alive to all accidents which can occur in the surgical field, takes means to prevent them, in the interests of the patient, by having his own associates, trained to assist him as he desires, both during the operative technic and in the after care?

Insistence by the physician, not practically conversant with surgical principles and technic, upon being an assistant at operations, and upon giving orders during after treatment, without the concurrence of the operator, is distinctly troublesome, and often jeopardizes the patient's life and the surgeon's reputation. This may be a new thought to many, for the problem is comparatively a new one before the profession introduced by the widening surgical field. There is no doubt that the family physician will meet it aright, as the situation clarifies itself before him.

Fee-splitting of which the patient has no knowledge is a demoralizing and degrading practice, and evil are the consequences to the afflicted. The physicians and surgeons entangled in the meshes stand convicted of falling far from the teachings which rule the great body of medical men—the teachings of loyal and unselfish service.

MEDICAL MILK COMMISSIONS AND THE IMPORTANCE OF A PURE MILK SUPPLY.*

By WILLIAM L. HOLT, M. D., Santa Barbara.

I think we physicians hardly appreciate the importance of the milk supply as a factor in health and disease; and accordingly at the risk of being tedious I am going to consider the dangers of impure milk in some detail. There are four weighty reasons why the milk supply of any city or family is of the utmost importance.

First: It is one of the chief foods of most of our population and almost the only food of the infants. It is so easily obtained, easily prepared, easily digested, and cheap for its energy value of 20 calories to the ounce, and furthermore it contains the food constituents (proteid, carbohydrate, fat, and salts) in such proper proportion and desirable form that it is beyond question the ideal food for most people of whatever age.

Second: In our degenerate days, when, in the upper class at least, only one mother in four can nurse her child for a period of three months, the infants depend almost wholly from the first quarter on cow's milk for their food-supply. As Dr. McCleary has well expressed it, "The human infant tends more and more to become a parasite of the milch cow." And doctors should not need to be reminded how dependent the health and lives of our infants are upon the *quality* of the milk given them. It is a medical truism that the one great cause of the great infant mortality throughout the civilized world is dirty milk. I will cite a few statistics to show how great this mortality is among bottle-fed babies, most of whom are fed what must from a scientific standpoint be called dirty milk.

The average mortality of infants under one year in Germany is over 200 per thousand, which means that one out of every five children born there must die before it reaches the age of one year. Bergeron has expressed this terrible mortality among the newly-born most graphically thus: "The chances of a new-born child surviving a week are less than those of an old man of 90; of living a year, less than those of a man of four-score!" And the vital statistics of Berlin show that 90% of the 10,000 babies under one year of age dying there in 1900 were bottle-fed. The number of breast-fed babies who died during the year in Berlin was only 895. In Paris during the summer months of 1897 2840 infants died, and over 50% of them of diarrheal diseases. That these deaths were due to improper artificial feeding is clearly shown by the fact that only 10% of the infants dying of diarrheal diseases had been breast-fed. In France, where the infantile death-rate is much lower than in Germany or in the U. S., being only 137 in 1900, Chaterinkoff reports that of the 20,000 infants dying of intestinal diseases 80% were bottle-fed. Official statistics show that in Germany the mortality of bottle-fed infants during the first year is actually 51%; in other words more than half die during their first year; while the mortality of the breast-fed is only 8% or 80 per 1000. The infant mortality for the United States in 1880 was 246 per 1000; in 1890 it had fallen to 159 per 1000. During the same period the mortality in the cities of the United States fell from 303 to 184 per 1000. In 1900, however, the infant mortality was still above 150 in seven out of ten registration states. In the District of Columbia for 1900 the rate was 274-5, even worse than Russia's rate of 268. I am happy to say that the last report of the California Board of Health shows the infantile death rate for our state to be as low as that of France, 137.*

In considering these appalling figures we must not suppose that such a high death rate need or does always obtain among bottle-fed babies simply because they are fed on cow's instead of human milk. It is always a considerable disadvantage to a baby to be deprived of its mother's milk, but experience shows that most children fed on pure cow's milk in accordance with the carefully worked-out principles of our modern specialists thrive very well, and

* In this city excluding premature infanta, 22 under 1 year died during the past twelve months out of 184 total deaths. This probably represents an infant mortality of 130 to 150 per 1000.

* Read before the Santa Barbara County Medical Society.